

Locations: Abu Dhabi | Canada | Florida | London | Nevada | Ohio

800.223.2273

100 Years of Cleveland
Clinic

MyChart

Need
Help?

Giving Careers

[SEARCH](#)



Cleveland Clinic

Find A
Doctor

Locations
&
Directions

Patients
&
Visitors

Health
Library

Institutes &
Departments

Appointments

[HOME](#) / [HEALTH LIBRARY](#) / [TREATMENTS & PROCEDURES](#) /

SALPINGECTOMY

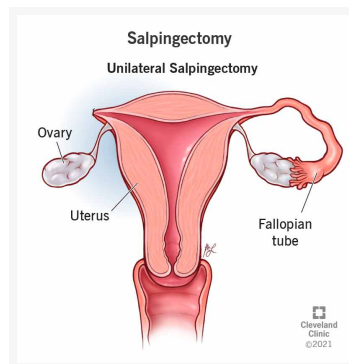
Salpingectomy

A salpingectomy is a surgical procedure to remove one or both of your fallopian tubes. It's a treatment for certain conditions of your fallopian tubes and ectopic pregnancy. It's also a preventive measure for people at a higher risk of developing ovarian cancer. A salpingectomy can be laparoscopic to reduce recovery time.

Overview

What is a salpingectomy?

A salpingectomy is a surgical procedure where a surgeon removes one or both of your [fallopian tubes](#). Your fallopian tubes are a pair of ducts between your [ovaries](#) and your [uterus](#). They allow an egg to leave your ovary and travel towards your uterus, where it can meet sperm for [fertilization](#). Most [people assigned female at birth \(AFAB\)](#) are born with two fallopian tubes.



A salpingectomy removes one or both of the fallopian tubes.

What are the types of salpingectomy?

The two main types of salpingectomy are:

- **Unilateral salpingectomy.** A surgeon removes one fallopian tube or part of just one fallopian tube. This means you may still become pregnant since you still have one working fallopian tube. This type is common for conditions like [ectopic pregnancy](#) or for a blockage in just one fallopian tube. This is sometimes called a partial salpingectomy.
- **Bilateral salpingectomy.** This is when a surgeon removes both fallopian tubes entirely. You wouldn't be able to get pregnant naturally after this surgery. This type is common for health conditions like [fallopian tube cancer](#) or when you want to permanently prevent pregnancy. This is sometimes called a total salpingectomy.

Why would someone need a salpingectomy?

A salpingectomy can be a treatment

option for:

- Ectopic pregnancy.
- Cancer of your [uterus](#), ovaries or fallopian tubes.
- [Infection](#) in your fallopian tubes.
- [Endometriosis](#) in your fallopian tubes.
- Blocked or damaged fallopian tubes.
- Permanent surgical birth control (contraception).

If you're at a higher risk for developing ovarian and [breast cancer](#), your healthcare provider may recommend a salpingectomy to reduce your risk. (They may also recommend an [oophorectomy](#), which is the removal of your ovaries.)

How can a salpingectomy prevent cancer?

Removing your fallopian tubes is a way to protect against certain types of cancer, especially if you have [BRCA gene mutations](#). If you have this gene mutation, your risk of breast and [ovarian cancer](#) is much higher. A salpingectomy is one of

the risk-reducing strategies your healthcare provider may recommend. This is because some of the more severe forms of ovarian cancer often begin in your fallopian tubes.

Procedure Details

How do I prepare for a salpingectomy?

Your healthcare provider will review the procedure with you and go over any instructions for pre- and postoperative care. Depending on the type of salpingectomy you're having, your age and other medical conditions, these instructions may vary. Make sure you understand the risks of a salpingectomy, the expected recovery time and how your surgeon plans to perform the procedure.

If you have an ectopic pregnancy, your salpingectomy procedure is considered a

life-threatening emergency. Your questions may have to be answered very quickly right before surgery because your surgeon needs to remove your fallopian tube as soon as possible.

What happens during a salpingectomy?

There are two types of salpingectomy surgical methods:

- **Laparoscopic salpingectomy.** This [minimally invasive surgery](#) uses a laparoscope, which is a thin instrument with a light and camera at the end. Your surgeon inserts it through your belly (abdomen) using a small cut (incision). Your abdomen is then inflated with gas to allow the surgeon to see your uterus and fallopian tubes in detail. Your surgeon inserts surgical tools through other small incisions in your abdomen to remove your fallopian tubes. After removing excess blood and fluid, your surgeon will close the incisions with stitches or medical glue.

With this method, you end up with a few smaller incisions in your abdomen.

- **Open abdominal salpingectomy.** A surgeon makes one large incision across your abdomen (called a [laparotomy](#)). They'll be able to access your fallopian tubes through this incision. Once your surgeon removes your fallopian tubes, they stitch or staple the incision closed.

Healthcare providers prefer [laparoscopic surgery](#) because it's less invasive with a shorter recovery time and lower risk of complications. But an open approach may be necessary depending on other factors.

How long does a salpingectomy take?

It depends on the type you have. For example, a total salpingectomy will take longer than a partial salpingectomy.

Another factor is the method your surgeon uses. An open abdominal salpingectomy can take several hours, while a laparoscopic method can take about an

hour or possibly less.

You should talk to your surgeon beforehand if you have questions about how long the surgery takes.

What happens after a salpingectomy?

After a salpingectomy, you're brought to a recovery room for monitoring. If you had laparoscopic surgery, you might be able to go home the same day. If you had an open salpingectomy, you typically remain in the hospital overnight. Your healthcare provider will help you manage any discomfort with pain medications.

The exact recovery time varies. Everyone heals at a different rate, but it's best to assume you'll need several days of rest after surgery. The incision area will be sore, and your mobility will be limited for at least a few days. If your surgeon made one large incision, you can expect to have limitations on your movement for longer.

Before leaving the hospital or surgical

center, make sure you receive postoperative instructions on when you can resume day-to-day activities like showering, using stairs, taking medications, driving and returning to work.

What happens to your body when you have your fallopian tubes removed?

Changes to your body after a salpingectomy mostly depend on the type you had. For example, if you have a total salpingectomy, it's very unlikely you'll get pregnant.

But since your fallopian tubes don't create [hormones](#) (your ovaries do most of that), you're not likely to enter [menopause](#), which is the permanent ending of [menstruation](#). This means you'll still get your period. It's possible you'll experience temporary hormonal fluctuations as your body adjusts, especially if you had a salpingectomy due to ectopic pregnancy.

Where does the egg go after salpingectomy?

In most cases, the egg dissolves and your body reabsorbs it. This may sound weird, but it's what happens to your eggs during any menstrual cycle you don't become pregnant.

Risks / Benefits

What are the advantages of getting a salpingectomy?

A salpingectomy has several benefits. Some of those are:

- Relieving painful symptoms associated with medical conditions like endometriosis.
- Reducing your risk of developing ovarian cancer if you're at a higher risk.
- Permanent contraception so you're very unlikely to become pregnant.
- Life-saving treatment for ectopic pregnancy rupture.
- Treatment for removing areas of

cancer in your fallopian tube.

What are the risks of having a salpingectomy?

As with most surgeries, there are risks associated with a salpingectomy:

- Bleeding at the surgery site.
- Reaction to general [anesthesia](#).
- [Blood clots](#).
- Damage to surrounding organs and tissues.
- Infection.

If you notice any of these symptoms during recovery, contact your healthcare provider.

Recovery and Outlook

What is the recovery time after a salpingectomy?

Most people will recover within a few days from a laparoscopic salpingectomy. But it might take up to 14 days to resume your day-to-day lifestyle. You can return to work when you're able, although you might need modifications for a short time.

Recovery takes longer if you had an open abdominal salpingectomy. You can expect a slower recovery that lasts up to six weeks. This is because your incision site may be sore or painful, making it challenging to resume your usual mobility levels. Talk to your healthcare provider about modifications you should make during your recovery.

Follow your healthcare provider's recommendations about activities to avoid after surgery, including things like sexual intercourse. You should avoid strenuous exercise, lifting heavy objects and anything that puts strain on your abdomen for at least two to six weeks, depending on the type of surgery you had.

Be sure that you fully understand the physical limitations your healthcare

provider recommends during the recovery period. Not following the instructions puts you at risk for injury, infection and other complications.

Can I get pregnant after a salpingectomy?

It depends on what type of salpingectomy you had. If you have a unilateral salpingectomy (removal of one fallopian tube), you'll be able to get pregnant, assuming the other fallopian tube is still functioning. If both fallopian tubes are removed (bilateral salpingectomy), you'll be very unlikely to get pregnant naturally. If you do have [early pregnancy symptoms](#), you should contact a healthcare provider immediately.

If you've had a salpingectomy and still have a uterus, you can pursue an [IVF \(in vitro fertilization\)](#) pregnancy. IVF is a process that involves fertilizing your eggs in a lab, then transferring them to your uterus.

Will I get my period after a salpingectomy?

Your fallopian tubes aren't responsible for your period, so you'll continue to have periods after a salpingectomy. If you stop getting a period after your surgery, you should contact a healthcare provider to discuss this further.

How effective is a salpingectomy in preventing ovarian cancer?

There have been many studies that examine how successful a salpingectomy is at preventing types of cancer. The general conclusion is that it's very effective in preventing ovarian cancer, with an overall risk reduction somewhere around 80%.

When To Call the Doctor

When should I see my healthcare provider?

If you've had one or both of your fallopian tubes removed, you should watch for these signs:

- Swelling or redness at the incision.
- Leaking fluid or pus from the incision.
- [Pelvic pain](#).
- Swelling or pain in your legs (a sign of blood clots).
- [Fever](#) or chills.
- [Painful urination](#).

Contact your healthcare provider immediately if you experience these symptoms, as they could indicate complications from surgery.

Additional Common Questions

What's the difference between a

salpingectomy and a tubal ligation?

[Tubal ligation](#) is commonly referred to as “getting your tubes tied.” This is misleading, as nothing is tied during a tubal ligation. Tubal ligation is any procedure that interrupts the function of the fallopian tubes. This includes partial or total salpingectomy, placing clips or bands on the tubes, or cauterizing the tubes (destroying the tube with heat or chemicals).

How is a salpingectomy different than an oophorectomy?

An oophorectomy is the removal of one or both of your ovaries, while a salpingectomy removes one or both of your fallopian tubes. Depending on your condition, your healthcare provider may perform both procedures at the same time.

When one ovary and one fallopian tube are removed, it's called unilateral salpingo-

oophorectomy. If both fallopian tubes and both ovaries are removed simultaneously, it's called a bilateral salpingo-oophorectomy.

How is a salpingectomy different than a hysterectomy?

A [hysterectomy](#) is the surgical removal of your uterus. Surgical treatment could involve both a hysterectomy and a salpingectomy.

A note from Cleveland Clinic

A salpingectomy can be a lifesaving and life-altering surgical treatment. Whether it's to prevent cancer, for permanent birth control or to treat a medical condition, your healthcare team is there to inform you and support you. Surgery can come with worry, fear and anxiety. It's OK to have lots of emotions and questions before and after a salpingectomy. Don't hesitate to talk honestly with your surgeon and make sure they answer all your questions.



✓ Medically Reviewed

Last reviewed on 05/24/2024.

Learn more about the [Health Library](#) and our [editorial process](#).

References ▾

Appointments

216.444.6601

[APPOINTMENTS & LOCATIONS](#)

[REQUEST AN APPOINTMENT](#)



Actions

[Appointments & Access](#)

[Accepted Insurance](#)

Blog, News & Apps

[Consult QD](#)

[Health Essentials](#)
[Newsroom](#)

About Cleveland Clinic

[100 Years of Cleveland Clinic](#)

Site Information & Policies

[Send Us Feedback](#)
[Site Map](#)

Events Calendar	MyClevelandClinic	About Us	About this Website
Financial Assistance	MyChart	Locations	Copyright, Reprint & Licensing
Give to Cleveland Clinic		Quality & Patient Safety	Website Terms of Use
Pay Your Bill Online		Office of Diversity & Inclusion	Privacy Policy
Refer a Patient		Patient Experience	Notice of Privacy Practices
Phone Directory		Research & Innovations	Non-Discrimination Notice
Virtual Second Opinions		Community Commitment	
Virtual Visits		Careers	
		For Employees	
		Resources for Medical Professionals	